enested Payment Re	port	A Public Doc	ument ar a care	Behested Payment Report
Elected Officer or CPUC WU, TONY	Member (Last n		Date Stamp	California 803
Agency Name CITY OF WEST COVINA				
Agency Street Address 1444 WEST COVINA			OFF TERM'S OF	
•		erent)	-	10/23/18
Area Code/Phone Number 626-939-8401			' ' '	(month, day, year)
85C BAKERY	lditional payors, inclu	de an attachment with the name	es and addresses.)	
2626 EAST GARVEY AVE	NUE	WEST COVIN	A CA	91791
Address		City	State	Zip Code
•	• •		es and addresses.)	
Name 1717 MERCED AVENUE		WEST COVINA	A CA	91790
Address		City	State	Zip Code
Payment Type: Brief Description of In-Kir	Monetary Dona	tion or □ In-K	ind Goods or Services (Provide	e description below.)
•		_	DOMATION FOR A F	TER SCHOOL PROGR
Amendment Description	n and/or Com	ments		
Verification				
I certify, under penalty of perjur herein is true and complete.	y under the laws of	the State of California, that	to the best of my knowledge, the	ne information contained
Executed on		By	SIGNATURE OF ELECTED OFFICER OR CPU	C MEMBER
	Elected Officer or CPUC WU, TONY Agency Name CITY OF WEST COVINA Agency Street Address 1444 WEST COVINA Designated Contact Person (CHRIS FREELAND, CITY Area Code/Phone Number 626-939-8401 Payor Information (For act 85C BAKERY Name 2626 EAST GARVEY AVE Address Payee Information (For act WEST COVINA UNIFIED S Name 1717 MERCED AVENUE Address Payment Information (Cot Date of Payment: 10/1/(month, Payment Type:	Agency Name CITY OF WEST COVINA Agency Street Address 1444 WEST COVINA Designated Contact Person (Name and title, if diffe CHRIS FREELAND, CITY MANAGER Area Code/Phone Number 626-939-8401 Payor Information (For additional payors, inclu 85C BAKERY Name 2626 EAST GARVEY AVENUE Address Payee Information (For additional payees, inclu WEST COVINA UNIFIED SCHOOL DISTRI Name 1717 MERCED AVENUE Address Payment Information (Complete all Information.) Date of Payment: 10/16/18 (month, day, year) Payment Type: Monetary Dona Brief Description of In-Kind Payment: Purpose: (Check one and provide description below.) Describe the legislative, governmental, check one and provide description and/or Complete is true and complete.	Elected Officer or CPUC Member (Last name, First name) WU, TONY Agency Name CITY OF WEST COVINA Agency Street Address 1444 WEST COVINA Designated Contact Person (Name and title, if different) CHRIS FREELAND, CITY MANAGER Area Code/Phone Number 626-939-8401 CHRIS.FREELAND@WESTCOVINA.O Payor Information (For additional payors, include an attachment with the name 85C BAKERY Name 2626 EAST GARVEY AVENUE WEST COVINA Address City Payee Information (For additional payees, include an attachment with the name WEST COVINA UNIFIED SCHOOL DISTRICT Name 1717 MERCED AVENUE WEST COVINA Address City Payment Information (Complete all information.) Date of Payment: 10/16/18	Elected Officer or CPUC Member (Last name, First nome) WU, TONY Agency Name CITY OF WEST COVINA Agency Street Address 1444 WEST COVINA Designated Contact Person (Name and title, if different) CHRIS FREELAND, CITY MANAGER Area Code/Phone Number 628-939-8401 E-mail (Optional) CHRIS FREELAND@WESTCOVINA ORG Payor Information (For additional payors, include an attachment with the names and addresses.) 85C BAKERY Name 2626 EAST GARVEY AVENUE WEST COVINA CA Address City State Payment Information (For additional payees, include an attachment with the names and addresses.) WEST COVINA UNIFIED SCHOOL DISTRICT Name 1717 MERCED AVENUE WEST COVINA CA Address City State Payment Information (Complete all information.) Date of Payment: 10/16/18 (month, day, year) Amount of Payment: (in-Kind FAM) \$ 5,000 (Roand to whole Roand to whole Roand to whole Brief Description of In-Kind Payment: Purpose: (Check one and provide description below) Legislative Governmental Describe the legislative, governmental, charitable purpose, or event: Verification Lecrify, under penalty of perjury under the laws of the State of California, that to the best of pny knowledge, therein is true and complete.